

strong in the entity of Republika Srpska created by the Dayton Agreement, and at the same time encourage practical reforms so that Bosnia can function more effectively as a European partner. When one talks to the young people that represent Bosnia's future, as several of us have, it is clear they do not want to forget the past but they certainly do not want to repeat it. They want a future in Europe, and their political leaders need to give them that future. I hope the United States, which has invested so much in Bosnia thus far, will be there as necessary to help.

#### DIAGNOSTIC IMAGING SERVICES

Mr. CARDIN. Madam President, I have introduced the Diagnostic Imaging Services Access Protection Act of 2012, joined by my colleague from Louisiana, Senator DAVID VITTER. Our goal is to preserve Medicare beneficiaries' access to life-saving advanced diagnostic imaging services, such as magnetic resonance imaging, MRI, computed tomography, CT, and ultrasound.

Let me explain why this legislation is necessary. Medicare reimbursement for radiology services is based on two components: technical and professional. The technical component comprises the cost of equipment, nonphysician personnel, and medical supplies associated with the imaging process. The professional component is calculated by factoring in the radiologist's time, effort, and skill involved in interpreting images, rendering patient diagnoses, and reporting the findings in the patient's medical record. In recent years, the Centers for Medicare and Medicaid Services sought to control imaging growth by cutting reimbursement for the technical component—reducing payment for multiple imaging services administered by the same physician to the same patient during a single office visit. This policy is referred to as the multiple procedure payment reduction, or MPPR. It is designed to take into account the efficiencies achieved by doing same-day procedures on the same patient, and for the technical component of radiology, it makes sense.

However this year, CMS decided to apply the MPPR to the professional component as well. The 2012 fee schedule rule, which took effect on January 1, cut the professional component reimbursement for radiologists by 25 percent for additional images. This payment reduction ignores the realities of medical practice. It is not supported by sound data, nor was it developed with meaningful physician input. Because each imaging study produces its own set of images that require individual interpretation, radiologists are ethically and professionally obligated to expend the same amount of time and effort interpreting each one, regardless of the number of images, the section of the body being examined, or the date of service.

Further, because radiologists are referral-based physicians who rarely order the studies they interpret, MPPR is an ineffective tool to reduce inappropriate utilization. Beneficiaries receiving multiple imaging studies often represent the sickest and most complex cases. They may have advanced cancer or be recovering from a stroke, serious car accidents, multiple gunshot wounds, or other forms of deadly trauma.

Not only will CMS' flawed policy disproportionately affect the most vulnerable patients, it may also create incentives to shift services away from the private practice setting, where the physician fee schedule applies, to the more expensive hospital outpatient setting.

Our legislation will ensure that CMS does not arbitrarily undervalue the role of the radiologist within the health care delivery system. It would cancel the MPPR cut to the professional component of radiology services through the end of 2012 and prevent it from taking effect in future years, pending more comprehensive study of the matter. Specifically, the Secretary of Health and Human Services would be prohibited from taking this action unless the reduction is based on the data, analysis, and conclusions of an independent expert panel convened by the Institute of Medicine.

A similar bill, HR 3269, has been introduced in the House of Representatives and it enjoys the strong bipartisan support of more than 240 cosponsors. I urge my colleagues to support this bipartisan and budget-neutral approach to preserving patient access to community-based diagnostic imaging services.

#### REMEMBERING DICK CLARK

Mrs. BOXER. Madam President, today I ask my colleagues to join me in honoring the memory of Dick Clark, one of our country's most beloved cultural icons who entertained grateful viewers in America and around the world for more than 60 years. He passed away on April 17, 2012, at age 82.

Richard Wagstaff Clark was born on November 30, 1929 in Mount Vernon, NY. As a child, Dick looked up to his older brother, Bradley, who became a pilot in the U.S. Army Air Corps during World War II and was killed in the Battle of the Bulge. Dick became depressed after his brother's death, and the only thing that lifted his spirits was music.

In some ways, Dick Clark was destined to work in the broadcasting industry. As a child, he became interested in radio after his parents took him to a live broadcast of the Jimmy Durante and Garry Moore show. Ever the affable young man, Dick participated in A.B. Davis High School's drama club and was elected class president.

After graduating from Syracuse University with a degree in business ad-

ministration, Dick began working on "Bandstand" at Philadelphia's WFIL Radio. The popularity of this program led WFIL TV to begin broadcasting it as an afternoon television show, which Dick started hosting in 1956. The following year, he pitched the show to the American Broadcasting Company, and it became nationally broadcast as "American Bandstand."

"American Bandstand" became a phenomenon, a trendsetting show that touched people around the world across lines of race, culture, and ethnicity. "Bandstand's" integration of African Americans as musicians and dancers played a role breaking down racial barriers at a time when the civil rights movement was coming to the forefront. Over the next three decades, while the show moved from weekdays to Saturdays and from Philadelphia to Los Angeles, Dick Clark introduced American families to many artists who later became icons, including the Supremes, Michael Jackson, Madonna, and Prince. Aretha Franklin recently noted, "If you didn't go on 'American Bandstand,' you hadn't made it yet."

Over the course of his career, Dick Clark came to be known as one of the most hard-working people in show business. With Dick Clark Productions, founded in 1956, Clark produced television shows, made-for-TV movies, award shows, and beauty pageants. Unistar, which he cofounded and owned, distributed Clark's radio shows including "Countdown America" and "Dick Clark's Rock, Roll & Remembers."

In 1972 "Rockin' Eve" premiered, and since then generations of Americans have welcomed in the New Year with Dick Clark and watched with him as the ball dropped in New York City—a tradition that continued for 40 years. Throughout his time as host, Dick Clark only missed one New Year's Eve celebration in 2005 due to a stroke. The following year he was once again on the air welcoming the New Year with his beloved wife Kari and showing all of us that with tenacity, anything is possible.

Throughout his career, Clark left an indelible mark on the landscape of American music and television, from his 1974 creation of the American Music Awards to his productions of the Academy of Country Music Awards, Golden Globe Awards, Emmy Awards, Live Aid, and Farm Aid. For his successful career and tireless work ethic, Dick Clark was honored with Daytime and Primetime Emmy Awards, Daytime and Primetime Lifetime Achievement Awards, and inductions into the Radio Hall of Fame, the Rock 'n Roll Hall of Fame, the Academy of Television Arts & Sciences Hall of Fame, and the Philadelphia Walk of Fame.

I extend my heartfelt condolences to Dick's wife Kari, his sons Richard Augustus II and Duane, his daughter Cindy, and his grandchildren. He will be missed by the millions of people worldwide who were touched by his work.